

<i>SERFF Tracking Number:</i>	<i>LDRE-125947971</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great West Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>G0309F</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>CG4911 &amp; CG 4969 Form Changes/G0309F</i>		

## Filing at a Glance

Company: Great West Casualty Company

Product Name: Commercial General Liability

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: G0309F

Filing Type: Form

Co Status:

Author: Karen Hanna

Date Submitted: 12/15/2008

Effective Date Requested (New): 03/01/2009

Effective Date Requested (Renewal): 03/01/2009

State Filing Description:

SERFF Tr Num: LDRE-125947971 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Edith Roberts

Disposition Date: 01/07/2009

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):

## General Information

Project Name: CG4911 & CG 4969 Form Changes

Project Number: G0309F

Reference Organization:

Reference Title:

Filing Status Changed: 01/07/2009

State Status Changed: 01/07/2009

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Our Company is filing the following Independent Commercial General Liability forms with your Department to become effective on or after March 1, 2009 for all new and renewal policies.

CG 49 11 03 09 Waiver – Transfer Of Rights Of Recovery Against Others To Us

CG 49 69 03 09 Employers Liability Insurance – Stop Gap Supplement

CG 49 11 03 09 replaces CG 49 11 06 02 approved by your Department effective June 1, 2002.

SERFF Tracking Number: LDRE-125947971 State: Arkansas  
 Filing Company: Great West Casualty Company State Tracking Number: EFT \$50  
 Company Tracking Number: G0309F  
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
 Product Name: Commercial General Liability  
 Project Name/Number: CG4911 & CG 4969 Form Changes/G0309F

CG 49 69 03 09 replaced CG 49 69 08 02 approved by your Department effective September 1, 2002.

Changes made to both forms were clerical in nature. On form CG 49 11, the insured signature block was removed since this is not a requirement in your state for this endorsement to be acknowledged by the insured when attached on a policy. On form CG 49 69, the State of West Virginia has been removed from the list of monopolistic states, since WV has revised their insurance regulations.

## Company and Contact

### Filing Contact Information

Karen Hanna, Research & Compliance Analyst k.hanna@gwccnet.com

II

1100 W. 29th Street (800) 228-8602 [Phone]  
 South Sioux City, NE 68776 (402) 494-7480[FAX]

### Filing Company Information

Great West Casualty Company	CoCode: 11371	State of Domicile: Nebraska
1100 W. 29th Street	Group Code: 150	Company Type: P & C
So. Sioux City, NE 68776	Group Name:	State ID Number:
(402) 494-2411 ext. [Phone]	FEIN Number: 47-6024508	

-----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 Filing X \$50 State Fee = \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great West Casualty Company	\$50.00	12/15/2008	24540368

<i>SERFF Tracking Number:</i>	<i>LDRE-125947971</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great West Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>G0309F</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>CG4911 &amp; CG 4969 Form Changes/G0309F</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Edith Roberts	01/07/2009	01/07/2009

<i>SERFF Tracking Number:</i>	<i>LDRE-125947971</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great West Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>G0309F</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>CG4911 &amp; CG 4969 Form Changes/G0309F</i>		

## **Disposition**

Disposition Date: 01/07/2009

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LDRE-125947971	State:	Arkansas
Filing Company:	Great West Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	G0309F		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Commercial General Liability		
Project Name/Number:	CG4911 & CG 4969 Form Changes/G0309F		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Waiver - Transfer of Right of Recovery Against Others To Us	Approved	Yes
Form	Employers Liability Insurance - Stop Gap Supplement	Approved	Yes

SERFF Tracking Number: LDRE-125947971 State: Arkansas

Filing Company: Great West Casualty Company State Tracking Number: EFT \$50

Company Tracking Number: G0309F

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Commercial General Liability

Project Name/Number: CG4911 & CG 4969 Form Changes/G0309F

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Waiver - Transfer of Right of Recovery Against Others To Us	CG 49 11	03 09	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CG 49 11 06 02 Previous Filing #:		CG 49 11 03 09.pdf CG 49 11 03 09 Mark-up Copy.pdf
Approved	Employers Liability Insurance - Stop Gap Supplement	CG 49 69	03 09	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CG 49 69 08 02 Previous Filing #:		CG 49 69 03 09.pdf CG 49 69 03 09 Mark-up Copy.pdf

POLICY NUMBER:

---

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

---

**WAIVER - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

---

---

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
	Countersigned by	

(Authorized Representative)

**SCHEDULE**

Name of Person or Organization:

The Transfer of Rights of Recovery Against Others To Us Condition is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the SCHEDULE on this endorsement because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the SCHEDULE on this endorsement.

POLICY NUMBER:

---

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

---

**WAIVER - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

---

---

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
	Countersigned by	

(Authorized Representative)

**SCHEDULE**

Name of Person or Organization:

The Transfer of Rights of Recovery Against Others To Us Condition is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the SCHEDULE on this endorsement because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the SCHEDULE on this endorsement.

---

~~Your signature is required if this endorsement is added after the initial issuance of the policy and indicates you acknowledge and accept the provisions of this endorsement.~~



POLICY NUMBER:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EMPLOYERS LIABILITY INSURANCE - STOP GAP SUPPLEMENT**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
	Countersigned by	

(Authorized Representative)

**SCHEDULE**

**LIMIT OF INSURANCE**

**PREMIUM**

"Bodily Injury" by Accident - Each Accident

"Bodily Injury" by Disease - Aggregate

"Bodily Injury" by Disease - Each "Employee"

**A. HOW THIS INSURANCE APPLIES**

This employers liability insurance applies to "bodily injury" by accident or "bodily injury" by disease. "Bodily injury" includes resulting death.

1. The "bodily injury" must arise out of and in the course of the injured "employee's" employment by you.
2. "Bodily injury" by accident must occur during the policy period.
3. "Bodily injury" by disease must be caused by or aggravated by the conditions of your employment. The "employee's" last day of last exposure to the conditions causing or aggravating such "bodily injury" by disease must occur during the policy period.
4. If you are sued, the original "suit" and any related legal actions for damages for "bodily injury" must be brought in the United States of America, its territories or possessions, or Canada.

**B. WE WILL PAY**

We will pay all sums you legally must pay as damages because of "bodily injury" to your "employees", provided the "bodily injury" is covered by this Employers Liability Insurance and the injured "employee" is reported and declared under the workers compensation fund of the States of North Dakota, Ohio, Washington, Wyoming or the Commonwealth of Puerto Rico and employment is necessary or incidental to your work in these States or the Commonwealth of Puerto Rico.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or "suit" against you by that third party to recover the damages claimed against such third party as a result of injury to your "employee";

2. For care and loss of services; and
3. For consequential "bodily injury" to a spouse, child, parent, brother or sister of the injured "employee";

provided that these damages are the direct consequence of "bodily injury" that arises out of and in the course of the injured "employee's" employment by you; and

4. Because of "bodily injury" to your "employee" that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

## C. EXCLUSIONS

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that "your work" will be done in a workmanlike manner.
2. Punitive or exemplary damages because of "bodily injury" to an "employee" employed in violation of law. Punitive or exemplary damages are defined as damages imposed to punish a wrongdoer and to deter others from similar conduct.
3. "Bodily injury" to an "employee" while employed in violation of law with your actual knowledge or the actual knowledge of any of your "executive officers".
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation or disability benefits law, or any similar law.
5. "Bodily injury" intentionally caused or aggravated by you.
6. "Bodily injury" occurring outside the United States of America, its territories or possessions and Canada. This exclusion does not apply to "bodily injury" to a citizen or resident of the United States of America or Canada who is temporarily outside these countries.
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any "employee", or any personnel practices, policies, acts or omissions.

8. "Bodily injury" to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950), the Nonappropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Sections 1131-1356), the Defense Base Act (42 USC Sections 1651-1654), the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 901-942), any other federal workers or workmens compensation law or other federal occupational disease law, or any amendments to these laws.
9. "Bodily injury" to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51-60), any other federal laws obligating an employer to pay damages to an "employee" due to "bodily injury" arising out of or in the course of employment, or any amendments to those laws.
10. "Bodily injury" to a master or member of the crew of any vessel.
11. Fines or penalties imposed for violation of federal or state law.
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

## D. WE WILL DEFEND

We have the right and duty to defend, at our expense, any claim, proceeding or "suit" against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and "suits".

We have no duty to defend a claim, proceeding or "suit" that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance. If the injured "employee's" employment by you is in the State of Wyoming and the injured "employee" is reported and declared under the Workers' Compensation Fund of Wyoming, then the tender of the applicable limit of liability before judgment or settlement does not relieve us of our duty to defend.

## **E. WHO IS AN INSURED**

You are an insured if you are an employer listed as a Named Insured in the Declarations. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's "employees". If that employer is a limited liability company, and if you are one of its members, you are insured, but only in your capacity as an employer of the limited liability company's "employees".

## **F. LIMITS OF INSURANCE**

Our liability to pay for damages is limited. Our Limits of Insurance are shown in the SCHEDULE on this endorsement. They apply as explained below:

### **1. "Bodily Injury" by Accident**

The Limit of Insurance shown for "Bodily Injury" by Accident - Each Accident is the most we will pay for all damages covered by this endorsement because of "bodily injury" to one or more "employees" in any one accident.

A disease is not "bodily injury" by accident unless it results directly from "bodily injury" by accident.

### **2. "Bodily injury" by Disease**

The Limit of Insurance shown for "Bodily Injury" by Disease - Aggregate is the most we will pay for all damages covered by this endorsement and arising out of "bodily injury" by disease, regardless of the number of "employees" who sustain "bodily injury" by disease.

The Limit of Insurance shown for "Bodily Injury" by Disease - Each "Employee" is the most we will pay for all damages because of "bodily injury" by disease to any one "employee".

### **3. We will not pay any claims for damages after we have paid the applicable Limit of Insurance under this coverage.**

POLICY NUMBER:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EMPLOYERS LIABILITY INSURANCE - STOP GAP SUPPLEMENT**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
	Countersigned by	

(Authorized Representative)

### **SCHEDULE**

#### **LIMIT OF INSURANCE**

#### **PREMIUM**

"Bodily Injury" by Accident - Each Accident

"Bodily Injury" by Disease - Aggregate

"Bodily Injury" by Disease - Each "Employee"

#### **A. HOW THIS INSURANCE APPLIES**

This employers liability insurance applies to "bodily injury" by accident or "bodily injury" by disease. "Bodily injury" includes resulting death.

1. The "bodily injury" must arise out of and in the course of the injured "employee's" employment by you.
2. "Bodily injury" by accident must occur during the policy period.
3. "Bodily injury" by disease must be caused by or aggravated by the conditions of your employment. The "employee's" last day of last exposure to the conditions causing or aggravating such "bodily injury" by disease must occur during the policy period.
4. If you are sued, the original "suit" and any related legal actions for damages for "bodily injury" must be brought in the United States of America, its territories or possessions, or Canada.

#### **B. WE WILL PAY**

We will pay all sums you legally must pay as damages because of "bodily injury" to your "employees", provided the "bodily injury" is covered by this Employers Liability Insurance and the injured "employee" is reported and declared under the workers compensation fund of the States of North Dakota, Ohio, Washington, ~~West Virginia~~, Wyoming or the Commonwealth of Puerto Rico and employment is necessary or incidental to your work in these States or the Commonwealth of Puerto Rico.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or "suit" against you by that third party to recover the damages claimed against such third party as a result of injury to your "employee";

2. For care and loss of services; and
3. For consequential "bodily injury" to a spouse, child, parent, brother or sister of the injured "employee";

provided that these damages are the direct consequence of "bodily injury" that arises out of and in the course of the injured "employee's" employment by you; and

4. Because of "bodily injury" to your "employee" that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

### C. EXCLUSIONS

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that "your work" will be done in a workmanlike manner.
2. Punitive or exemplary damages because of "bodily injury" to an "employee" employed in violation of law. Punitive or exemplary damages are defined as damages imposed to punish a wrongdoer and to deter others from similar conduct.
3. "Bodily injury" to an "employee" while employed in violation of law with your actual knowledge or the actual knowledge of any of your "executive officers".
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation or disability benefits law, or any similar law.
5. "Bodily injury" intentionally caused or aggravated by you.
6. "Bodily injury" occurring outside the United States of America, its territories or possessions and Canada. This exclusion does not apply to "bodily injury" to a citizen or resident of the United States of America or Canada who is temporarily outside these countries.
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any "employee", or any personnel practices, policies, acts or omissions.

8. "Bodily injury" to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950), the Nonappropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Sections 1131-1356), the Defense Base Act (42 USC Sections 1651-1654), the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 901-942), any other federal workers or workmens compensation law or other federal occupational disease law, or any amendments to these laws.
9. "Bodily injury" to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51-60), any other federal laws obligating an employer to pay damages to an "employee" due to "bodily injury" arising out of or in the course of employment, or any amendments to those laws.
10. "Bodily injury" to a master or member of the crew of any vessel.
11. Fines or penalties imposed for violation of federal or state law.
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

### D. WE WILL DEFEND

We have the right and duty to defend, at our expense, any claim, proceeding or "suit" against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and "suits".

We have no duty to defend a claim, proceeding or "suit" that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance. If the injured "employee's" employment by you is in the State of Wyoming and the injured "employee" is reported and declared under the Workers' Compensation Fund of Wyoming, then the tender of the applicable limit of liability before judgment or settlement does not relieve us of our duty to defend.

## **E. WHO IS AN INSURED**

You are an insured if you are an employer listed as a Named Insured in the Declarations. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's "employees". If that employer is a limited liability company, and if you are one of its members, you are insured, but only in your capacity as an employer of the limited liability company's "employees".

## **F. LIMITS OF INSURANCE**

Our liability to pay for damages is limited. Our Limits of Insurance are shown in the SCHEDULE on this endorsement. They apply as explained below:

### **1. "Bodily Injury" by Accident**

The Limit of Insurance shown for "Bodily Injury" by Accident - Each Accident is the most we will pay for all damages covered by this endorsement because of "bodily injury" to one or more "employees" in any one accident.

A disease is not "bodily injury" by accident unless it results directly from "bodily injury" by accident.

### **2. "Bodily injury" by Disease**

The Limit of Insurance shown for "Bodily Injury" by Disease - Aggregate is the most we will pay for all damages covered by this endorsement and arising out of "bodily injury" by disease, regardless of the number of "employees" who sustain "bodily injury" by disease.

The Limit of Insurance shown for "Bodily Injury" by Disease - Each "Employee" is the most we will pay for all damages because of "bodily injury" by disease to any one "employee".

### **3. We will not pay any claims for damages after we have paid the applicable Limit of Insurance under this coverage.**

<i>SERFF Tracking Number:</i>	<i>LDRE-125947971</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great West Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>G0309F</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>CG4911 &amp; CG 4969 Form Changes/G0309F</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number:	LDRE-125947971	State:	Arkansas
Filing Company:	Great West Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	G0309F		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Commercial General Liability		
Project Name/Number:	CG4911 & CG 4969 Form Changes/G0309F		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	01/07/2009
-------------------------	--	-----------------------	----------	------------

### Comments:

Attached.

### Attachments:

PC TD-1.pdf

PC FFS-1.pdf



# Property & Casualty Transmittal Document

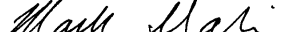
<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business:	
	Renewal Business:	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes:		

3.	Group Name	Group NAIC#
	Old Republic Group	0150

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Great West Casualty Company	Nebraska	11371	47-6024508	

5.	Company Tracking Number	G0309F
----	-------------------------	--------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

Contact info of filer(s) or corporate officer(s) (include toll free number)					
6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Mark Galvin Great West Casualty Company P. O. Box 277 South Sioux City NE 68776	Forms Attorney	1-800-228-8602 Ext. 7731	1-402-494-7480	m.galvin@gwccnet.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Mark Galvin, Forms Attorney		

**Filing Information** (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	17.2 - Other Liability - Occ Only	
10.	Sub-Type of Insurance (Sub-TOI)	17.2002 Comm'l General Liab	
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	Commercial	
12.	Company Program Title (Marketing title)	Commercial General Liability	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)	
14.	Effective Date(s) Requested	New: 03-01-2009	Renewal: 03-01-2009
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16.	Reference Organization (if applicable)		
17.	Reference Organization # & Title		
18.	Company's Date of Filing	December 15, 2008	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

## Property & Casualty Transmittal Document—

20.	<b>This filing transmittal is part of Company Tracking #</b>	G0309F
-----	--	--------

21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
-----	--

Our Company is filing the following Independent Commercial General Liability forms with your Department to become effective on or after March 1, 2009 for all new and renewal policies.

CG 49 11 03 09    Waiver – Transfer Of Rights Of Recovery Against Others To Us  
CG 49 69 03 09    Employers Liability Insurance – Stop Gap Supplement

CG 49 11 03 09 replaces CG 49 11 06 02 approved by your Department effective June 1, 2002.

CG 49 69 03 09 replaced CG 49 69 08 02 approved by your Department effective September 1, 2002.

Changes made to both forms were clerical in nature. On form CG 49 11, the insured signature block was removed since this is not a requirement in your state for this endorsement to be acknowledged by the insured when attached on a policy. On form CG 49 69, the State of West Virginia has been removed from the list of monopolistic states, since WV has revised their insurance regulations.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b></p> <p><b>Amount: \$</b></p>          <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
**(Do not refer to the body of the filing for the forms listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	G0309F
-----------	--	--------

<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Waiver - Transfer of Rights Of Recovery Against Others To Us	CG 49 11 03 09	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	CG 49 11 06 02	
02	Employers Liability Insurance - Stop Gap Supplement	CG 49 69 03 09	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	CG 49 69 08 02	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		